

MISSOURI WOMEN'S HEALTH COUNCIL POLICY PRIORITIES

The Missouri Women's Health Council (Council) is an advisory board comprised of thought leaders with expertise in women's health and the broad range of factors that affect health outcomes and wellbeing. Council members are appointed by the Director of the Department of Health and Senior Services (DHSS) and reflect the geographic diversity of our state.

The Council is charged with informing and advising DHSS regarding women's health risks, needs and concerns, and recommending potential strategies, programs, and legislative changes to improve the health and well-being of all women in Missouri. The Council consists of women from a variety of professions, including health care providers, researchers, healthcare administrators, social workers as well as multiple CEOs and Executive Directors of critical social services foundations serving women throughout Missouri.

The current Council first convened in October 2017. Since that time, Council members have attended expert briefings on issues critical to women's health in Missouri, including the opioid crisis and maternal mortality, which includes deaths during pregnancy and the first year following the birth. Missouri has one of the highest maternal mortality rates in the country.

During this Council's inaugural year, members provided information and input to the Department that:

- Informed policy that extends Medicaid coverage for women in treatment for substance use disorders for up to one year after the birth. This provides women the opportunity to continue their recovery while caring for their newborn and family.
- Provided information and advice that supported Missouri in applying to become an "AIM state". AIM, the Alliance for Innovation in Maternal Health, is a national initiative to decrease maternal mortality through implementation of evidence-based quality improvement activities targeting the most frequent contributors to maternal deaths.
- Provided information and advice to support DHSS and the Department of Social Services in taking the beginning steps to developing a perinatal quality collaborative to support health care providers from across the state to drive improvement in obstetrical and newborn care.

Policy Priorities

The following policy priorities reflect the shared vision of the Women's Health Council. The Council urges all Missourians to come together to find common ground to improve women's health.

Improve access to healthcare for women in rural, suburban and urban Missouri

Improve access to Women's Health Services Program

The Women's Health Services Program provides well woman care, important cancer screenings, and family planning services to low income Missouri women ages 18-56. The program, however, is not utilized by all who qualify.

In order to increase the number of women who can access these services, the state should streamline the program. Eligible post-partum women should be auto enrolled into Women's Health Services Program when their Missouri Medicaid expires. The application process for Women's Health Services Program should be separated from the full Medicaid application process to enable faster eligibility notifications. Additionally, providers should be allowed to presume eligibility through income assessment.

Reduce the rate of unnecessary churning of Medicaid enrollees

Medicaid churning involves a pattern of short-term enrollment, dis-enrollment, and re-enrollment that often occurs year after year. This process is confusing, time-consuming and expensive to the state and the health care system.

States have the option to provide qualified beneficiaries with 12 months of continuous coverage through Medicaid and the Children's Health Insurance Program (CHIP), even if the family experiences a change in income during the year.

Twenty-five states have continuous eligibility for children in the Medicaid program and 27 for their CHIP programs. Continuous eligibility is a valuable tool that helps states ensure that people stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services. Data have shown that episodic or seasonal fluctuations

in family income does not frequently disqualify enrollees based on annualized income but results in considerable disruption of medical care and increased burden to the state for reenrollment and costs related to preventable medical expenses.

Health Affairs analysis of continuous eligibility states showed an improvement in the months of continuous coverage. The costs were estimated to be an average of 2.2% but the estimate did not take into account the savings to the state for reduced administrative burden in finding and reenrolling applicants during the year.

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.0362ol32>, number 9).

Expand Medicaid eligibility

Expanding Medicaid coverage to cover more Missouri women is the single most important policy change to improve women's health. 2017 data shows that 217,000 women between age 19 and 64 remain uninsured.

For a large percentage of Missouri women, Medicaid coverage is partial or intermittent. Women may have Medicaid coverage limited to birth control services or during a part of their pregnancy. Medicaid coverage ends for a woman 60 days after the birth of a child. Full coverage for women is only available to low-income seniors or disabled (dual eligibles) and very low-income parents (family of 2 income of less than \$3,500 per year). All but 14 states have expanded Medicaid to cover women based on income alone rather than by category (pregnant, disabled, senior etc).

The New England Journal of Medicine reports that state Medicaid expansions to cover low-income adults were significantly associated with reduced mortality as well as improved coverage, access to care, and self-reported health.

<https://www.nejm.org/doi/full/10.1056/NEJMsa1202099>

Missouri's extension of Medicaid eligibility for substance use treatment and psychiatric services up to one year to post-partum women with substance use disorders is a positive step to addressing the opioid crisis in Missouri. The postpartum period is a time when all women are focused on the care of their newborn and continuing their medical coverage should be considered.

Include rehabilitative therapy in Medicaid coverage

Since 2005, physical therapy coverage has been limited for Medicaid recipients, and these restrictions increase the risk of developing chronic pain syndromes. Under MO Health Net, physical therapy is available only to adults who are blind, pregnant, or in nursing homes. Musculoskeletal disorders are common etiologies of disability in women, especially as women age.

Rehabilitative services are critical to maximizing function, limiting pain, preventing opioid use and misuse, delaying or avoiding surgery, ensuring full recovery after injury or surgery and maintaining the capacity for people remain independent and return to work.

The CDC has made formal recommendation for use of physical therapy to avoid the need for long-term opioid prescriptions. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Increase data sharing between state agencies

Several state agencies collect data related to women's health. (For instance, MO Healthnet data is overseen by DSS and state vital records are collected by DHSS). There are multiple opportunities to increase data sharing among state agencies, with appropriate privacy protections, that could help us better understand how to improve services and health of Missouri women.

Ensure safety for Missouri women and their families

Close the domestic violence loophole

Missouri does not have any state laws to prohibit firearm possession by domestic violence offenders. This includes those convicted of domestic violence assaults and those with court issued protection orders for domestic violence, child abuse, stalking and/or sexual assault. Federal law has had domestic violence gun laws in place since the mid-1990s. Missouri does not have state laws on domestic violence and firearms, therefore, only federal officials can respond to restrict gun possession by those who continue to use violence against their family members. Passing common sense Missouri firearms laws to protect domestic violence victims is homicide prevention.

This situation is urgent because Missouri now ranks 7th in the nation for the number of women killed by men—with the majority of those homicides committed with firearms.

Do not add work requirements to the Supplemental Nutrition Assistance Program

There are several bills pending in the Missouri General Assembly that would add work requirements to the SNAP program. The Women's Health Council strongly believes that reducing the amount of food going into low-income homes could have very serious consequences for the health and welfare of women and children in Missouri. Other strategies to promote work should be explored instead, including increasing access to affordable childcare and improved functionality and scope of job training programs.

Ensure access to feminine hygiene products in correctional facilities

Access to adequate feminine hygiene products is not only a matter of human dignity but also of public health, as poor menstrual hygiene can lead to infections, toxic shock syndrome, and negative mental health outcomes for women.

In Missouri's prisons, incarcerated women do not receive free tampons, and the prices at the prison canteen prohibit many from purchasing them. Although women do receive free pads through the Department of Corrections, the pads are of extremely poor-quality forcing women to wear up to ten at a time to make it through the night. Higher quality pads are available from the canteen but are also at a prohibitively high cost for many. Without a free supply of quality pads and tampons, incarcerated women make unsanitary homemade versions that put their health at risk. Funding should be secured for the Missouri Department of Corrections to supply free tampons to inmates.

We applaud Missouri for being one of the states that has policy that prevents the restraint of female prisoners during childbirth.

